



HEALTH CARE DIVISION Grant Application Guidelines

Who We Are

The Kate B. Reynolds Charitable Trust is the legacy of the late Kate Gertrude Bitting Reynolds, who was married to William Neal Reynolds, chairman of R.J. Reynolds Tobacco Company. Before her death in 1946, Mrs. Reynolds established the Trust to continue much of the work she had supported during her lifetime.

The Trust's mission is to improve the quality of life and the quality of health for the financially needy of North Carolina.

Distinctiveness

Even as the world has changed and evolved, we continue to face many of the same challenges to human potential identified by Mrs. Reynolds in the early 1900s. The opportunities to improve the quality of life and of health for North Carolinians remain abundant. The Kate B. Reynolds Charitable Trust has a unique mandate and perspective:

- Honoring Mrs. Reynolds' wishes – 75% of the Trust's funding is dedicated to improving health and wellness in North Carolina, and 25% is dedicated to fostering self-reliance and supporting basic needs in Forsyth County, North Carolina.
- Making a Difference – the Trust exists to protect and improve the lives of those who need it most – vulnerable populations, the underserved, and the economically disadvantaged. We invest where we believe we can make the greatest difference today and in the future.

Key Commitments

Three key commitments shape the Kate B. Reynolds Charitable Trust's pledge to improve lives in North Carolina. The Trust seeks to be an unprecedented force for progress by living these commitments in all that it does:

- Impact - ***Making a difference*** is the most critical commitment we share with our grantees.
- Innovation - The Trust is committed to innovation — defined as the successful implementation of something ***creative, relevant, and useful*** — that takes us beyond the current standards of the field.
- Influence and Leverage - There are many pieces to the human potential puzzle. At the Trust, we seek to be both part of the leadership and one of the pieces ***working for systemic change***.

Who is Eligible for Funding?

Partners the Trust **will** fund:

- Nonprofit 501(c)(3) organizations*
- Governmental entities

Organizations the Trust **will not** fund:

- Individuals
- Faith-based organizations not qualified for a 501(c)(3) exemption
- Type III supporting organizations
- Organizations providing pass-through funds to an ineligible organization

*Organizations are eligible if they have qualified for exemption under Section 501(c)(3) of the Internal Revenue Code and they are not a private foundation, or a Type III supporting organization [as defined by Section 509(a) of the Code].

The Trust may choose to fund select organizations on a recurring basis. Organizations may not apply for this status, but would be selected by the Trust based on its funding interests and impact strategies.

Health Care Division Funding Interests

Through the Health Care Division, the Trust responds to health and wellness needs and invests in solutions that improve the quality of health for financially needy residents of North Carolina. Grant proposals focusing on these funding interests will be given a higher priority in our funding decisions.

Access to Primary Medical Care

Increasing Health Care Coverage

Efforts to increase the number of low-income North Carolinians who have coverage. Includes increases in coverage supported by both the private and public sectors.

Providing a Medical Home

Efforts to identify and secure a medical home for all. In addition to episodic primary care, a medical home features coordinated care and one or more of the following – chronic disease management, medication assistance, and preventive care. Includes the fields of internal medicine, family practice, general practice, obstetrics, and pediatrics, and providers such as nurse practitioners and physician assistants.

Community-Centered Prevention

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Efforts that are geographically-based (either county-wide or neighborhood-based) and involve multiple stakeholders (e.g.- local education authorities or chambers of commerce) with aspects that may include work around the built environment, safe environment, greater food access, and physical activity.

Diabetes

Access to Quality Medical Care

Efforts to provide a physician coordinated team that consists of a comprehensive initial patient evaluation and a continuum of care. Teams may include mid-level practitioners, nurses, dietitians, pharmacists, and mental health professionals. Proposals that use cost-effective care without compromising patients' needs are of particular interest.

Diabetes Care & Self-Management

Providing medical care and self-management education intended to keep the illness under control and delay, diminish, or prevent its many debilitating impacts on both physical health and quality of life. Includes programs for people recently diagnosed with diabetes taking place in an outpatient setting or the implementation of a heightened level of standardized care in a community clinic setting, among others. Efforts to provide individualized self-management planning to include glycemic control, reasonable physical activity, and psychosocial care and support as recommended by the American Diabetes Association or the American Association of Diabetes Educators.

Diabetes Prevention

Programs and strategies that focus on the prevention of diabetes in at-risk populations. Efforts reflecting best practices to identify and support those most at risk of developing diabetes.

Mental Health and Substance Abuse

Developing or Strengthening a Continuum of Care

Efforts that respond to both systemic gaps and gaps in individual care.

Integrated Care

Efforts that bring behavioral and primary health care providers together in concurrent assessment and treatment. Includes co-location and reverse co-location models.

Prevention Services

Efforts to identify and support those most at-risk of impairment and addiction reflecting the best practices in the field.

Substance Abuse

Expansion of evidence-based treatment to those most in need. Priority will be given to those proposals that are consistent with the North Carolina Institute of Medicine's Substance Abuse Task Force recommendations.

What We Fund

The Health Care Division has two funding cycles annually, and each cycle may have specific guidelines for the types of applications that can be submitted. Please check our [website](#) for updates.

Types of Grants

The Trust funds grants that benefit the financially needy, which may include: individuals living at or below 200% of the federal poverty level, the uninsured, and those eligible for Medicaid and/or the free and reduced school lunch program.

- Operating program grants - generally for new programs or the expansion of existing programs and occasionally for short-term "bridge funding" for an existing program when there is a reasonable expectation of the availability of a new source of revenue in the near future.
- Capital projects grants - generally for construction/renovation projects or for equipment purchases (see "Additional Guidelines for Capital Projects"). The work of capital projects is focused almost entirely in Tier One counties.

Types of Proposals

Funded operating program proposals may include both direct services to people in need *and* support for the organizations, groups, and ideas that can lead to grassroots changes and systemic improvements. In general, the Trust funds:

- Capacity building - includes support for efforts to increase organizational and community effectiveness (e.g.- staff and board development activities; leadership programs; organizational and resource development planning; core business operations support and training; and technology-based systems enhancements)
- Direct services
- Grassroots changes or systemic change efforts
- Program planning - development of specific operating programs within an interest area or impact strategy
- Technical assistance - short-term capacity building activities related to the achievement of outcomes for a specific grant funded by the Trust. (e.g.- use of consultants or training on new program methodologies)

The Trust generally does not fund:

- General organizational expenses
- Mandated community assessments Medical research
- Processes for organizational accreditation
- Programs or projects ordinarily supported by government funds
- Support for grantee staff to pursue a degree or other intensive education and training

Grant Terms

Grant terms are developed in consultation with a program officer for a period of up to seven years.

Grant Amounts

Grants usually are not awarded as the total means of financial support, but preferably in conjunction with other sources of funding. Also, the Trust does not prescribe maximum grant amounts for operating programs. The maximum grant amount for *capital construction* projects is \$150,000. The maximum grant amount for *capital equipment* projects is \$100,000. Exceptions may be made for capital projects that serve an extremely high number of financially needy individuals.

Overhead/Indirect Costs

Ten percent will be added to all approved operating program grants to cover indirect expenses associated with administering a grant from the Trust. The maximum amount granted for overhead/indirect costs is \$50,000 over the life of the grant. This additional 10% award is not included in grants made to granting organizations, such as other foundations or the United Way.

Additional Guidelines for Capital Projects

- Construction Projects
 - If a Certificate of Need is required, it must be approved at the time of application.
 - Groundbreaking should occur within one year of application submission.
 - Grants may be awarded to pay down existing loans and mortgages, if the debt has existed less than one year prior to the application to the Trust.
 - Funding priority will be given to projects that meet the following criteria:
 - The agency or the primary project site is located in a low-wealth county (Tier 1),
 - The agency has limited access to capital financing,
 - The agency would be hard pressed to meet operating expenses with added debt service, and
 - Most of the funding needed for the project is identified, and the plan for the balance appears to be realistic and probable.
 - Grants are not awarded to replenish an agency's reserves, nor are they awarded for projects that involve only the acquisition of land.
 - Governmental entities are not eligible for capital construction project requests.
- Equipment Purchases
 - Funding priority will be given to projects that meet the following criteria:
 - The agency or the primary project site is located in a low-wealth county (Tier 1).
 - The request is for medical equipment as opposed to furniture and office equipment.
 - Applicants should make every effort to review the equipment as to quality, exact specifications, and best price.

Public Policy Advocacy

The Trust's funding for advocacy will focus on convening, education, and research that are directly linked to our funding interests and other priorities.

Evaluation and Research Studies

Our commitment to measuring impact means that we are willing to consider support for evaluation costs within program budgets and may require it for some projects. Grants may be made to support well-conceived studies that clearly define health problems in North Carolina and assist the Division in achieving its mission.

Application Process

The Health Care Division's application process takes around four months; information detailing special requests for applications and cycle-specific funding interests will be available on the Trust's website in November and May. Beginning in 2012, the Trust will have new application deadlines –

Application Deadlines

Second Tuesday in February

Second Tuesday in August

All submissions must be received online by 5:00 PM on the date listed above

Concept Call

Organizations interested in applying during an upcoming grant cycle should call the Health Care Division's Program Associate around four months prior to the deadline (mid-November or mid-May), for a preliminary

discussion of the proposed project and its fit within the Trust's current funding interests, and to schedule an advance consult. Contact information for the Program Associate is available on the Trust's website.

Advance Consultations

An advance consultation is the next step in the Health Care Division's application process, and should be scheduled during the discussion of intent with the Program Associate (between mid-November and late-January for the February deadline, and between mid-May and late-July for the August deadline).

Telephone consultations may be appropriate for some applications. Please note that the value of the meeting is in the conversation, not in a formal presentation. The Health Care Division requires an advance consultation specific to each funding cycle.

Completing and Submitting the Application

Health Care Division application deadlines are the second Tuesdays in February and August. In order to be considered, applications MUST be submitted electronically by 5:00 PM on the deadline day.

Applications will be accepted online via the link found on the Trust's website, which will only be available in the month prior to the deadline. You will be asked to provide organization information (Tax ID, etc.), answer application questions, and submit attachments (your budget and other documents). Responses have word limits (assigned by question). General application questions and a list of required attachments are available [here](#) (Resources page) year-round.

Please remember, advance consultations are *required* prior to submission. Note that the Poor and Needy Division's application links will also be listed online, so be careful to select the correct application.

Operating Program Projects vs. Capital Projects

The Health Care Division will have one application available online for both operating program and capital requests. Applications for operating programs may include some capital expenses, if they are related specifically to the program/project proposed. Your program officer will provide information regarding capital requests during your advanced consultation. Please review the additional guidelines for capital projects above.

Review and Notification

Both Divisions gather input from their advisory councils in March and September, and evaluate proposals and make recommendations to the Trustee following that process. *Notification of funding decisions generally occurs between 90 and 120 days after the application deadline* (early June and December).

Applications are assessed based on multiple criteria including:

- Funding Interest and Impact Strategy- Does the request focus on one of the Trust's funding interests or use an associated impact strategy?
- Impact- What is the depth and scope of the request's proposed impact?
- Organizational Capacity- How capable is the applicant of achieving the stated impact? Has the organization had past success with similar projects?

Priority is also given to applications that:

- Impact Tier One counties
- Involve community-based collaborations, where the applicant is working with local organizations like schools, human service agencies, government, churches, or neighborhood associations
- Demonstrate integration of care between behavioral health and primary care systems, where interdisciplinary health care providers (whether they be outpatient, inpatient, medical, dental or mental health) collaborate to provide the best possible health outcomes for the target population

Funding decisions are made by the Trustee, Wells Fargo, upon recommendation from the staff and advisory councils, according to these interests and other factors, including the availability of funds.

Grant Requirements

Reporting- The Trust's program and evaluation staff will follow-up with grantees on a regular basis during the grant period, and shortly thereafter, to request reports describing the project's impact and verifying the implementation of the grant-funded program/project. We will also be seeking input on what your organization learned from the experience, as well as what the Trust should learn. General report forms are available on the Trust's website.

NOTE: These guidelines are subject to modification. Please check the Trust's website for potential updates each time your organization plans to submit an application.